



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

MEDICAL EMERGENCY RESPONSE – INITIATING A “CODE BLUE”

Effective Date: June 17, 2005

Policy #: PH-11

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- I. PURPOSE:** To provide a plan for response to medical emergencies.
- II. POLICY:** Montana State Hospital will follow this policy/procedure in providing for the emergency medical needs of patients, staff and visitors.
- III. DEFINITIONS:**

Medical Emergency: An event requiring the rapid assessment and intervention of trained medical personnel which may include but is not limited to serious injury, unconsciousness, serious respiratory symptoms, symptoms of cardiac crisis.

IV. RESPONSIBILITIES:

- A. Employees** who witness or are first on the site of a medical emergency will take immediate action, including CPR and basic First Aid if trained to do so, summon medical assistance and assist as directed.
- B. Hospital Operations Specialist (Front Desk Staff)** will announce the “Code Blue” over the Public Address System and to PRU, notify the nurse manager, medical physician, treating psychiatrist and/or on-call psychiatrist, 911 when instructed to do so, Security Officer and make all other notifications upon request.
- C. B Wing Registered Nurse and/or Licensed Practical Nurse** will take the Emergency Med Cart and ensure that emergency equipment is transported to the Code site and assist as needed. They will ensure that the Code event is recorded and that equipment is ready for use. Emergency medications and equipment will be inventoried and restocked on a weekly basis and following a Code.
- D. All Physicians, at least one RN and/or LPN from each unit, and Nurse Supervisor** will respond to the Code site to assist with assessment of the patient/victim, determination of severity of the emergency, and provision of emergency care and treatment.
- E. Medical Director and Director of Nursing Services** will ensure review of each Code to identify opportunities for improvement.

V. PROCEDURE:

- A.** The first person on site recognizing an emergency medical situation will follow the basic guidelines for assessing the situation, summoning assistance and starting Cardiopulmonary Resuscitation (CPR) as appropriate and/or rendering First Aid.
- B.** A nurse at the site will:
 - 1. assess the situation and determine the severity of the emergency.

2. will stay with the patient/victim if the situation is life-threatening and requires direct emergency care.
 3. delegate a staff member to call **7440** to instruct the Front Desk Staff to announce a “Code Blue” for the specific unit/area and to call **911** to convey the patient name, type of emergency, and location/direction of emergency site if indicated.
 4. when possible, a nurse at the site should be responsible to make the **911** call to ensure accurate assessment data is related to the ambulance first responders.
 5. ***If there is any doubt regarding the severity of the situation, call for a “Code Blue” and 911-ambulance assistance.***
- C. When a physician on site determines that the severity of the situation does not warrant the calling of an ambulance they may cancel the 911-ambulance assistance.
- D. The Front Desk Staff will immediately:
1. announce the “Code Blue” and unit/location over the Public Address system. This announcement is to be made regardless of the time of day.
 2. notify PRU by telephone of the “Code Blue”.
 3. notify the nurse supervisor, medical physician and treating psychiatrist and/or on-call psychiatrist.
 4. notify **911**, when instructed to do so, to convey name of patient, type of emergency, and location of patient/victim.
 5. notify the security officer to assist as needed and escort ambulance to site of patient/victim.
- E. B Wing Staff RN and/or Med Nurse will:
1. access the emergency med cart and supplies located in room B143 (IV room).
 2. delegate any staff member to take the Defibrillator, Ambu Bag, IV supply box, and Pulse Oximeter quickly to the scene of the patient/victim.
 3. push the Emergency Med Cart to the site.
 4. assist with location of supplies and medications on the Emergency Med Cart
 5. record, or delegate an RN or LPN to record, the event on the Emergency Response Sheet.
 6. following the use of the cart, replace all used items and notify the pharmacy to arrange for the timely restocking of medications.
 7. convey information and/or seek assistance regarding the Code situation with the Nurse Supervisor.
 8. inventory Cart medications and equipment on a weekly basis and ensure adequate supply and working order, record review on check list.
- F. A Nurse from every unit, in addition to the Nurse Supervisor, will respond to the “Code” site to assist as necessary and as directed.
- G. All available on-site Physicians will report to the “Code” area to assist as necessary and as directed.

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- H. The Nurse Supervisor will ensure that all relevant hospital policies and procedures are considered and followed, i.e. “Notification of Authorities in the Event of a Serious Emergency,” “Death and Autopsy,” and “Organ and Tissue Donation.”
- I. The attending Psychiatrist or medical Physician will notify next of kin/guardian of the patient’s status in accordance with hospital policy.
- J. The Medical Director, Director of Nursing Services or designees, and others as delegated, will review each Code situation and response to identify opportunities for improvement in the process.
- VI. REFERENCES:** Hospital Policies: #ER-04 Response and Notification of Authorities in the Event of a Serious Emergency, PH-01 Death and Autopsy, and PH-05 Organ and Tissue Donation.
- VII. COLLABORATED WITH:** Medical Director, Director of Health Information Resources, Hospital Administrator.
- VIII. RESCISSIONS:** None, new policy.
- IX. DISTRIBUTION:** All hospital policy manuals
- X. REVIEW AND REISSUE DATE:** June 2008
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing Services
- XII. ATTACHMENTS:**
- Attachment A. [Emergency Medical Cart -- Equipment List](#)
 - Attachment B. [Emergency Medical Cart -- Medications According to Use](#)
 - Attachment C. [Emergency Med Cart Check List](#)
 - Attachment D. [Emergency Response Sheet](#)

_____/____/____
Ed Amberg
Hospital Administrator

Date

_____/____/____
Thomas Gray, MD
Medical Director

Date

**EMERGENCY MEDICAL CART
EQUIPMENT LIST**

IV EQUIPMENT

IV start kits with tourniquet
18, 20, 22 gauge needles
Primary IV tubing
Transform tape
Saline Flush solution
Saline Locks
D5W 1000 cc
NS 1000 cc

RESPIRATORY EQUIPMENT

O2 tank with regulator
Nasal cannula, standard O2 mask, non-rebreather mask
Oral pharyngeal airways
Suction machine with both Yaukuars and Pharyngeal catheters
Ambu bag with mask
Laryngoscope with blades & batteries
Endotracheal tube with guide wire & 10cc syringe

CARDIAC EQUIPMENT

AED with patches
CPR board

NEURO ASSESSMENT EQUIPMENT

Penlight and flashlight
Glasgow coma scale with pupil chart
Philadelphia collar

TRAUMA EQUIPMENT

2x2, 4x4, and celex gauze
ABD's
Styrofoam cup
Cloth tape
Vaseline gauze
Saline – 1 liter
Pressure bandage
Pain assessment scale

STANDARD EQUIPMENT

Emergency log sheet
Stethoscope
BP cuff
Gloves
Gowns, masks, goggles
IM needles and syringes
Nasogastric tube
Water based lubricant

EMERGENCY MEDICAL CART **MEDICATIONS ACCORDING TO USE**

DRUG INDUCED EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Activated Charcoal	1 tube	Medication overdose, Poisoning	1	
Cogentin	1 to 4 mg IM	Antipsychotic drug-induced extrapyramidal symptoms	2 (2mg) vials	
Narcan	0.4 to 2 mg IV. May be repeated at 2 to 3 minute intervals. If no response after 10 mg reevaluate diagnosis.	Narcotic overdose	10 of 0.4mg 10 of 2mg	
Romazicon	0.2 mg IV over 30 sec. A second dose of 0.2 mg may be given over 30 sec Further doses of 0.5 mg may be given over 30 sec. with a full minute between doses. NTE a total dose of 3 mg.	Reverses the effects of benzodiazepine overdose	10 of 0.2 mg	

HYPERSENSITIVITY REACTION EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Benadryl	25 – 50 mg IM	Allergic reactions	2 (50mg) vials	
Decadron	4 mg IM	Anaphalactic shock	1 (4mg) multidose vial	
Epipen	0.3 mg of 1:1,000 SC- may repeat x2 at 15 min. intervals	Allergic reaction Anaphlactic shock	2 (0.3mg)	

HYPOGLYCEMIC EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Dextrose 50%	1 ampule IV	Severe hypoglycemia Severe hypoglycemia refractory to Glucagon	1 (50mg) syringe	
Glucagon	1 mg (1 unit) IM, IV or SC. If response is delayed may give another dose.	Severe hypoglycemia	2 (1mg) vials	
Glucose Tabs	3 tabs PO (5gm/tab)	Moderate hypoglycemia	5 (3 tab pks)	
Glucose Gel	1 tube PO (15gm/tube)	Severe hypoglycemia	3 (15mg) tubes	

SEIZURE EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Ativan	0.5 mg – 4 mg IM or IV (administer slowly if IV)	Status epilepticus	KEPT in Unit Med Rm. Refrig.	

BLEEDING EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Vitamin K	10 mg SC (May repeat dose in 6 – 8 hours.)	Drug induced hypoprothrombinemia	2 (10mg) vials	

CARDIAC EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Aspirin	81 mg PO	Onset of chest pain	1 btl of 36 tabs	
Atropine	0.3 – 0.5 mg IV or IM To be administered by M.D. only.	Sinus Bradycardia	2 (10ml) syringes	
Clonidine (Catapres)	0.2 mg PO	Hypertension	10 (0.1 tabs)	
Nitroglycerin	0.4 mg Sublingual (may administer 3 times 5 minutes apart)	Chest pain	1 btl of 25 tabs	

PULMONARY EMERGENCIES

Medication	Usual Dosing	Indication	Amount in Cart	
Lasix	40 mg IV	Pulmonary edema Congestive Heart Failure	2 (10ml) vials	

EMERGENCY MED CART CHECK LIST
Check med cart and IV tray weekly and after each Code Blue.

Check med cart and IV tray weekly and after each Code Blue.

[illegible]

EMERGENCY RESPONSE SHEET

Patient: _____

Date: _____

Initial time of event: _____

[illegible]

